2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 09, 2004 8:00 am
Secretary of State
01-20-2004 90082 047 ***158.75

DOCUMENT # P97000100549

1. Entity Name
2201 POMPANO, INC.

Principal Place of Business	Mailing Address
2201 NW 16 ST POMPANO BEACH, FL 33069	1730 S FEDERAL HWY SUITE 284 DELRAY BEACH, FL 33483

[redacted]

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0796445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIANCHINI, JASON 1730 S FEDERAL HWY SUITE 284 DELRAY BEACH, FL 33483	Name UHEL POLLY Street Address (P.O. Box Number is Not Acceptable) 1730 S FEDERAL HWY SUITE 284 City DELRAY BEACH FL Zip Code 33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Uhel Polly # DATE 01/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BIANCHINI, JASON 1730 S FEDERAL HWY DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POLLY, UHEL 1730 S FEDERAL HWY #284 DELRAY BEACH, FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIANCHINI, JASON 1730 S FEDERAL HWY DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSD~~ VP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD POLLY, LINDA 1730 S FEDERAL HWY #284 DELRAY BEACH, FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Polly LINDA POLLY VP 01/13/04 954-971-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #